

Cassandra Mary Ady

Town

County

Died at

The Rocks

Harford

MARYLAND

1903 Month Day Y. M. D. Native of Occupation  
 Date 189 March 22 Age 68 8 12 Harford Wife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living 3

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

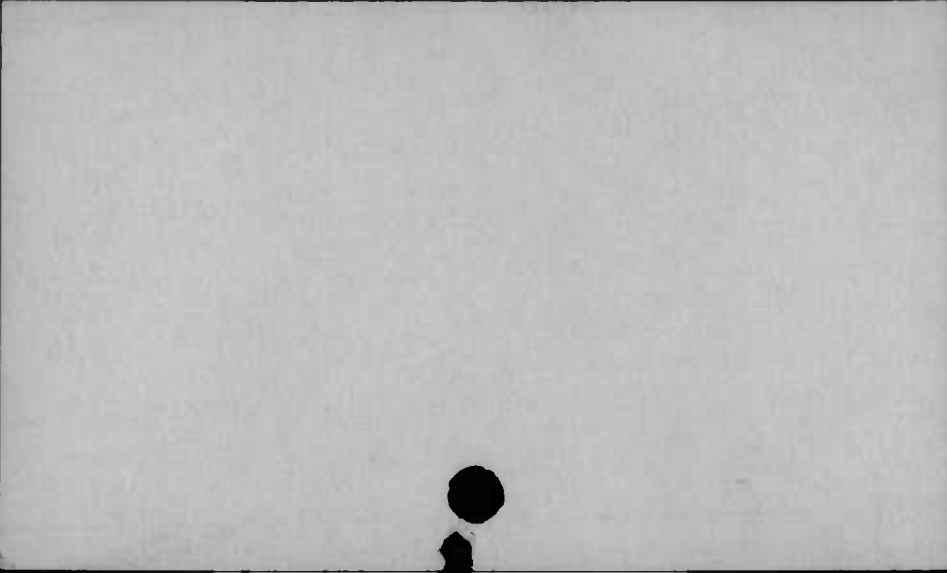
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by other, undertaker or minister.



Name in Full *Frank Ernest Amrein*  
 Died at *Harford* Town *Harford* County *Harford* MARYLAND  
 Date *1973* Month *March* Day *21* Age *11* Y. *4* M. *25* D. *Harford* Native of *Harford* Occupation  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Single ☐ Widower ☐ Number of children living

Husband of *Elizabeth*  
 Wife of *Elizabeth*  
 Father's Name *Charles Amrein* Mother's Name *Mary Schott*

Cause of Death { Primary *Capillary Bronchitis* Immediate *Lung Abscess* How long sick *two weeks*  
 Accident, Suicide, Homicide

Reported by *H. J. Turner*

Address *Black Horse*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Louisa Ellen Badders

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Mar. 2

Age

1. 29.

Md.

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Broncho-pneumonia

How long sick

6 days

Death

Immediate

Accident, Suicide, Homicide

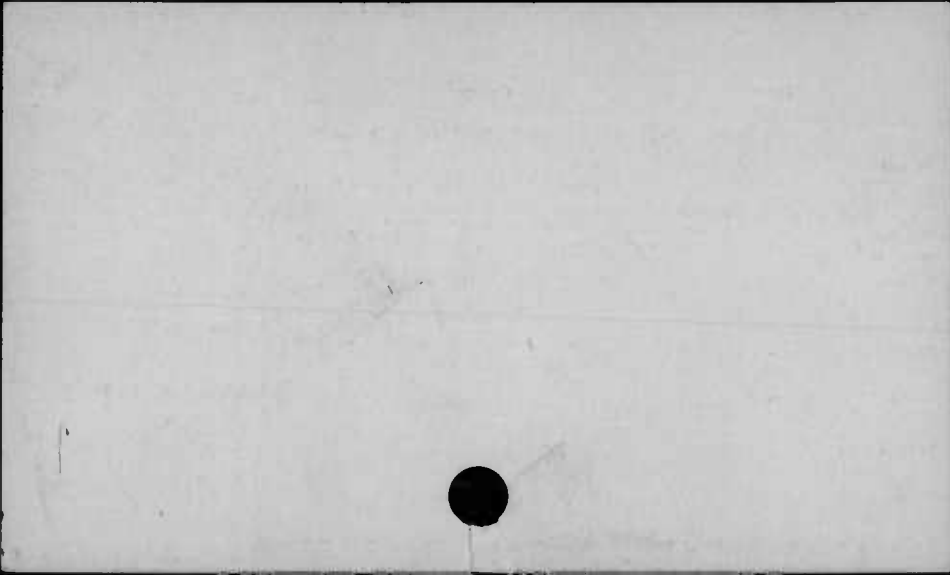
Reported by

Address

James S. A. Kestner M.D.  
Norrisville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Amanda Andrew*

Town *Carson Run* County *Harpford* MARYLAND

Died at *Carson Run*

Date of death 1903 Month *March* Day *17th* Age *83* Years Months *XX* Days *27*

Sex *Female* Color or Race *White* Birth-place *Harpford Co*

Married, Single or Widowed *Widowed* Occupation *House wife*

Name of Wife or Husband *John W. Andrew*

Father's Name *Agnella Keen* Father's Birthplace *Harpford Co*

Mother's Maiden Name  Mother's Birthplace

Name of person giving information *G. A. Andrew* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *General Debility* 154 How long *Two years*

Immediate  How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Pro Sappington*

Address *Darlington Med.*

Accident or Suicide?





Name in Full

Certificate of Death

Marceline Berry

Town

County

Died at

Abundum

Harford

MARYLAND

Date 1903

Month

Day

Mar 21

Age

Y.

M.

D.

54 1 24

Native of

Md

Occupation

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Henry Berry

Mother's

Maiden Name

R. Robinson

Cause of

Primary

Acute Metabolic

How long sick

Death

Immediate

Paralysis Heart

Accident, Suicide, Homicide

Reported by

J. O. Kennedy

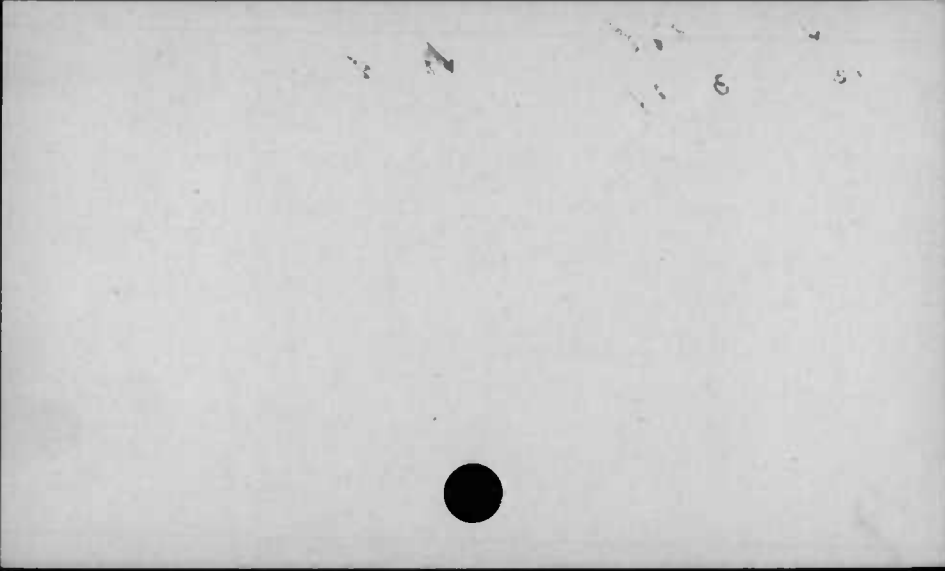
Address

Abundum Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

R. C. S.

LIBRARY BUREAU, 79898



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

James E. Bradfield

Town

Harford

County

Harford

MARYLAND

Date

of death 1903

Month

3

Day

15

Age

Years

65

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Harford Co

Married, Single  
or Widowed

Married

Occupation

Labor

Name of Wife or  
Husband

Maile Milner

Father's  
Name

Enox Bradfield

Father's  
Birthplace

Bucke Co. Pa

Mother's  
Maiden Name

Charlotte Herbert

Mother's  
Birthplace

Harford Co

Name of person giving  
In formation

Everett Bradfield

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Heart Disease

How long

2 or 3 hrs

Immediate

Dropsy

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

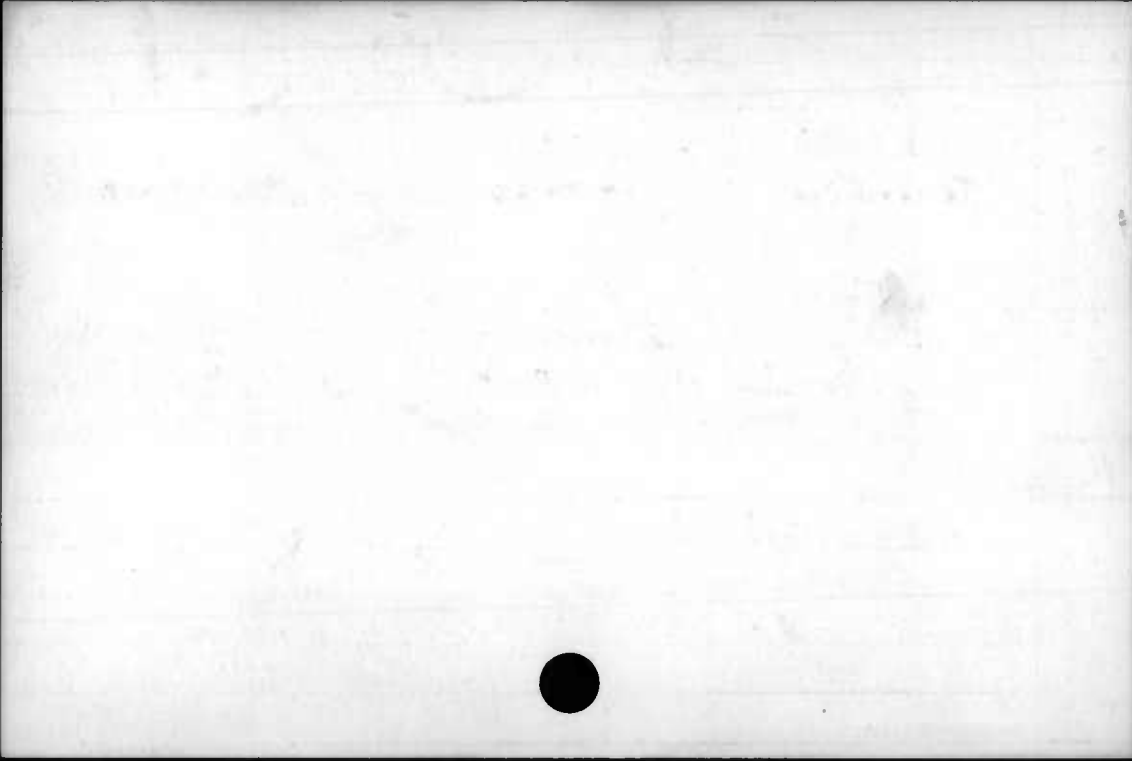
R H Smith M.D.

Address

Harford Co

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 1903

Month

Day

Years

Months

Days

Sex

Color or  
RaceBirth-  
placeMarried, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

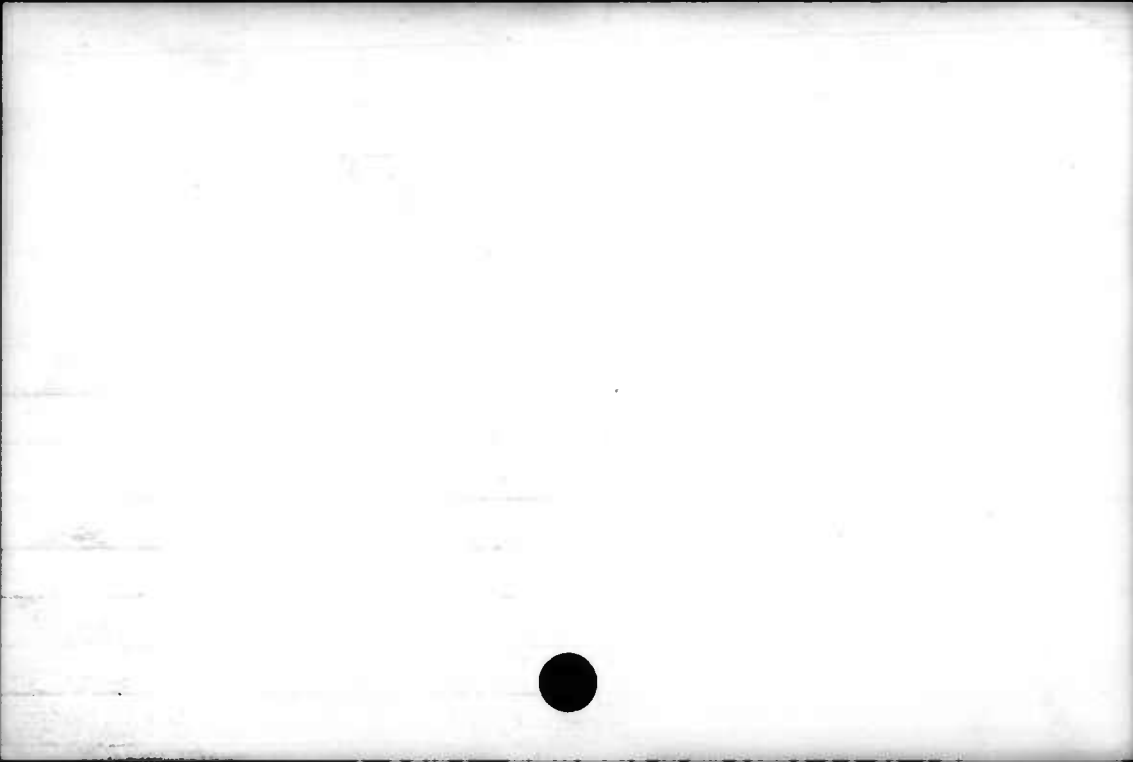
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name in Full

Certificate of Death

Soloman R. Cain

Died at <sup>Town</sup> *Darlington* <sup>County</sup> *Harford* MARYLANDDate 19*03* <sup>Month</sup> *March* <sup>Day</sup> *2* <sup>Y.</sup> *73* <sup>M.</sup> *Mid* <sup>Native of</sup> *Mid* <sup>Occupation</sup> *Stone Mason*

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

*7*Husband of *Martha Berry*Father's Name *Cumberland Cain*

Mother's Maiden Name

*Betsy Cain*Cause of Death { Primary *Paresis*  
Immediate *apoplectic Coma*

How long sick

*5 years*~~Accident, Suicide, Homicide~~

Reported by

*Ephw Hopkins MD*  
*Darlington*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Churchville</i>		Town		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>3</i>		Day <i>8</i>		Age <i>34</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, <del>Single</del> or <del>Widowed</del>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Charles H. Chesney</i>							
Father's Name <i>John L. Mitchell</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Elizabeth Bruce</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>C. H. Chesney</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Septic infection from middle</i>	How long <i>5 days -</i>
Immediate <i>Meningitis -</i>	How long <i>3 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>	Signature of Physician <i>W. J. Gorsuch,</i>
	Address <i>Churchville, Md.</i>
<i>Accident or Suicide?</i>	



Name In Full

Certificate of Death

O. S. Cropper

Town

County

Died at

MARYLAND

Date 19

03

Month

Mar.

Day

3

Y.

73

M.

D.

Age

Native of

Occupation

Harford farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

O. S. Cropper

Mother's

Maiden Name

Elizabeth Henderson

Cause of

Primary

How long sick

some days

Death

Immediate

Pneumonia

93

Accident, Suicide, Homicide

Reported by

Address

All other  
Have to have  
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Crothers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Havre de Grace		County Harford Co		MARYLAND	
Date of death 1903		Month Mar		Day 31		Age Years Months Days	
Sex male		Color or Race white		Birth- place Havre de Grace			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name A C Crothers				Father's Birthplace Md			
Mother's Maiden Name Lena R Hopkins				Mother's Birthplace Ohio			
Name of person giving Information				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Premature		How long 151	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A C Crothers	
Accident or Suicide?		Address Havre de Grace	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mill Green</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>13</i>	Age <i>77</i>	Years <i>77</i>	Months <i>—</i>	Days <i>—</i>	
Sex		Color or Race <i>white</i>		Birth-place <i>Harford</i>			
Married, Single or Widowed		Occupation					
Name of Wife or Husband		<i>Waller Cunningham</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>old age</i>	How long	<i>54</i>
Immediate	<i>Griff complication</i>	How long	<i>six weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. E. Arthur</i>	
		Address <i>Shirley Md.</i>	
Accident or Suicide?			





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Isa M. Orckman*  
Town County

Died at *Dublin* Month *April* Day *23* Age *16* Years Months Days

Date of death 1903

Sex *Girl* Color or Race *white* Birth-place *Dublin*

Married, Single or Widowed Occupation

Name of Wife or Husband

Father's Name *C. Ellwood Orckman* Father's Birthplace *Dublin*

Mother's Maiden Name *Lavinia Orckman* Mother's Birthplace *Scarbore*

Name of person giving information How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Butt arthel Linn* How long *61*

Immediate *Meningitis* How long *Two days*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *D. W. E. Arthur*

Address *11111 11111*

Accident or Suicide? *Yes*



Name in Full

Certificate of Death

*Janette Harris*  
 Town *Hickory* County *Hayford* MARYLAND  
 Died *1903* Month *Dec.* Day *28* Y. *1* M. *6* Native of *MD* Occupation  
 Date *189*  
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced  
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband  
 of  
 Wife

Father's Name *Joseph Harris* Mother's Name *Fannie Archer*  
 Cause of Death ☒ Primary *Marasmus* How long sick *6 mos.*  
 Death ☒ Immediate *105* ☐ Accident, Suicide, Homicide

Reported by

Address

*F. Lee Hughes*  
*Gibson, MD.*  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Cyrus Clumant Hellingworth

## CERTIFICATE OF DEATH

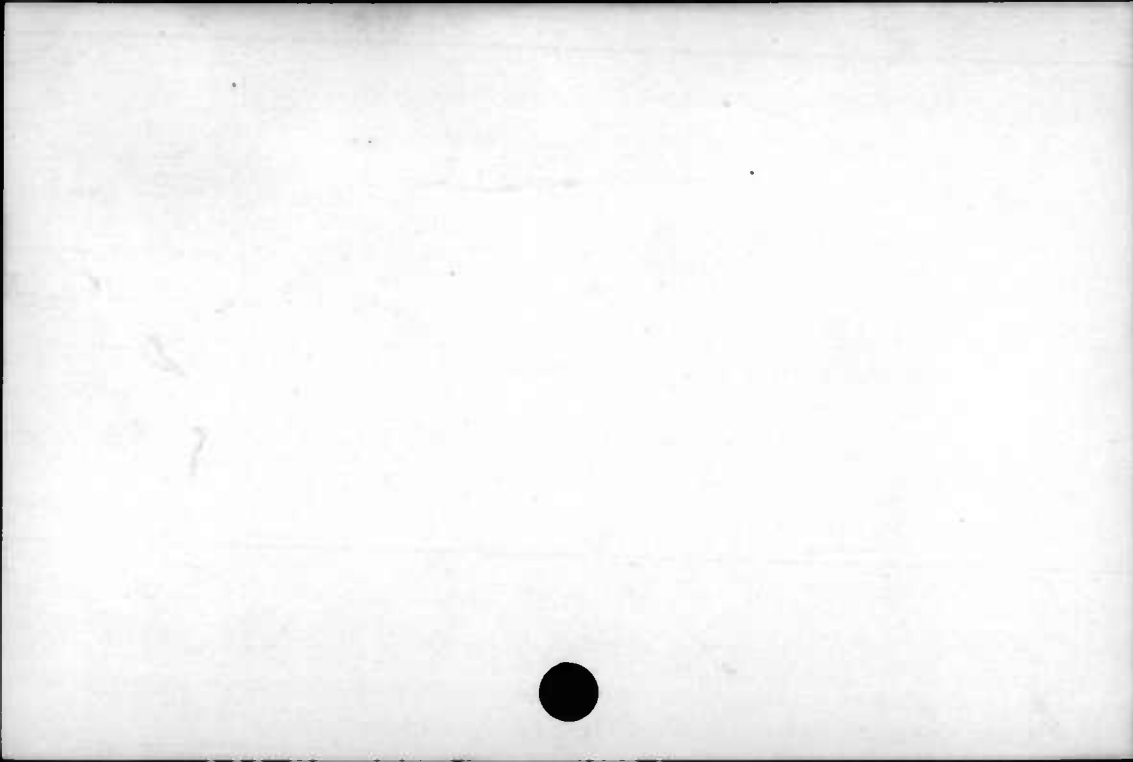
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fallston</u> <small>Town</small>		<u>Hartford</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>3<sup>rd</sup></u>	Day <u>16</u>	Age <u>48</u> <small>Years</small>	Months <u>10</u>	Days
Sex <u>Male</u>	Color or Race <u>English</u>		Birth-place <u>Fallston Md</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer</u>				
Name of Wife or <del>husband</del> <u>Lucia Hanning</u>					
Father's Name <u>Alva W. Hellingworth</u>			Father's Birthplace <u>Hartford</u>		
Mother's Maiden Name <u>Lois Clumant</u>			Mother's Birthplace <u>Woodstock</u>		
Name of person giving information <u>C. Hellingworth</u>			How related to deceased <u>Brother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>1 week</u>
Immediate <u>Pneumonia</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. Hellingworth</u>
	Address <u>Brl an md</u>
Accident or Suicide? <u></u>	



Name  
in  
Full


## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Years	Months	Days	
3		3	12	1822	20		
Sex	Female	Color or Race	English White		Birth-place	Woodstock Vt.	
Married, Single or Widowed	Widow			Occupation			
Name of Husband	Amos T. Hulingsworth						
Father's Name	Cyrus Clement				Father's Birthplace	Vermont	
Mother's Maiden Name	Hannah Wheeler				Mother's Birthplace	Vermont	
Name of person giving information	C. Hulingsworth				How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bronchitis.	How long	8 days
Immediate	Garglysis	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. Hulingsworth	
		Address	
		Bed Air not	
			

1905  
1822  
22  
8  
1



Name  
in  
Full

Thomas Holmes

## CERTIFICATE OF DEATH

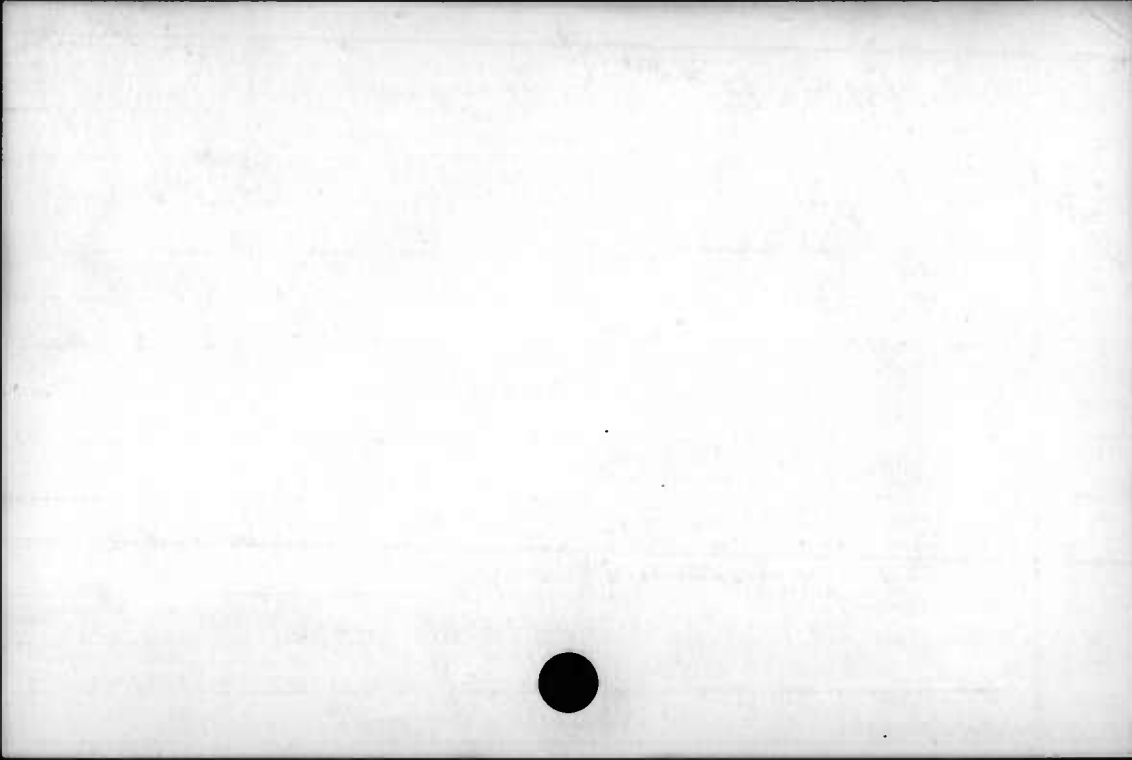
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harrods Dr - Grace</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup>	<i>27</i> <sup>Day</sup>	Age <i>65</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ross Ireland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Laborer</i>				
Name of Wife or Husband <i>Fannah Holmes</i>					
Father's Name <i>Thomas Holmes</i>			Father's Birthplace <i>Ross Ireland</i>		
Mother's Maiden Name <i>Fannah Murphy</i>			Mother's Birthplace <i>Ross Ireland</i>		
Name of person giving information <i>Allen Holmes</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>No Physician or coroner</i>	How long <i>Sick 6 to 8 years</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G. T. Huntington Undertaker</i>
<i>179</i>		Address <i>Harrods Dr - Grace</i>
Accident or Suicide?		



Name in Full

Certificate of Death

Charlotte Ann Hooker

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

3

19

Age

7

~~Male~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

Mother's

Maiden Name

Joshua Hooker

Mattie Stansbury

Cause of

Primary

Malarial Typhoid

How long sick

Sometime

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

R. B. Chapman Md.

Address

Perryman Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full *Mary Hughes*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Cardiff* Town *Harford* County

Date of death 1903 *March* Month *23* Day Age *63* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Wales*

Married, Single or Widowed *Widow* Occupation *Housekeeping*

Name of Wife or Husband *Richard Hughes*

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *Mrs. Williams* How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Arterio Sclerotic Lesions* How long *3 yrs.*

Immediate *Asthma* How long *Short time*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wanda J. Jones*

Address *Deer. York & Co*

Accident or Suicide?



Name  
in  
Full

Ellis Loane

CERTIFICATE OF DEATH

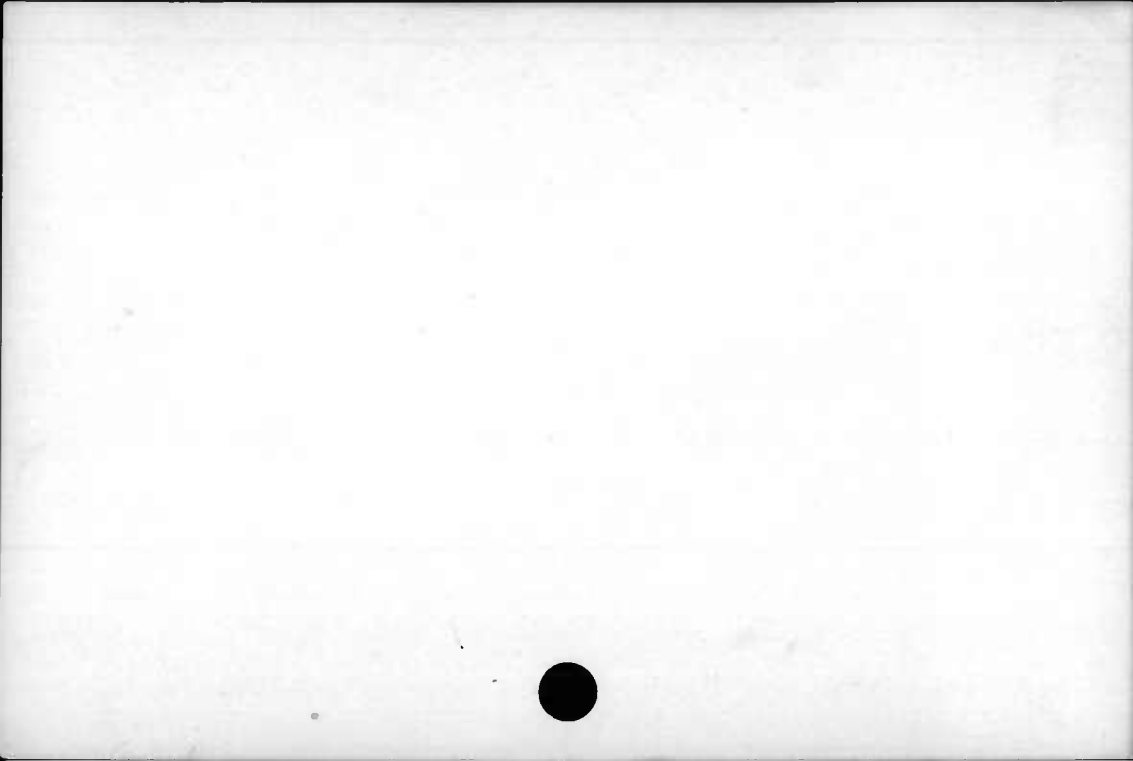
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Laumbria		County Hayford		MARYLAND	
Date of death 190	3	Month Mar	Day 9	Age	65	Years	Months Days
Sex	Male		Color or Race	White		Birth- place	
Married, Single or Widowed			Married		Occupation		
					Shoemaker		
Name of Wife or Husband			Martha Loane				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information					How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mitral regurgitation	How long	3 or 4 yrs.
Immediate	Gangrene of leg	How long	12 or 15 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. W. Ransay
		Address	Della York Pa
<del>Accident or Suicide?</del>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bel Air</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>3</i>	Day <i>18</i>	Age <i>28</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>		
Married, Single <del>or Widowed</del>			Occupation <i>Labor Carpenter</i>		
Name of Wife or Husband					
Father's Name <i>Edward Lingen</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>May Wright</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving In formation <i>May Lingen</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral haemorrhage</i>	How long <i>6 hr</i>
Immediate <i>meninges</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R S P</i>
	Address <i>Bel Air</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Joseph Lloyd Logan

Town

Died at *Hallston*

County

*Harford*

MARYLAND

Date

of death 190 *8*

Month

*3*

Day

*12*

Years

Age

Months

*6*

Days

*13*

Sex

*Male*Color or  
Race*White*Birth-  
place*Hallston*Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name*Michael Logan*Father's  
BirthplaceMother's  
Maiden Name*Jane, L. Burns*Mother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

*Nomane Poison*

How long

Immediate

*Syxaemia*

How long

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Dr. Lappington*

Address

*Hallston Md.*

Accident or Suicide?



Name  
in  
Full

Francis Maguire

CERTIFICATE OF DEATH

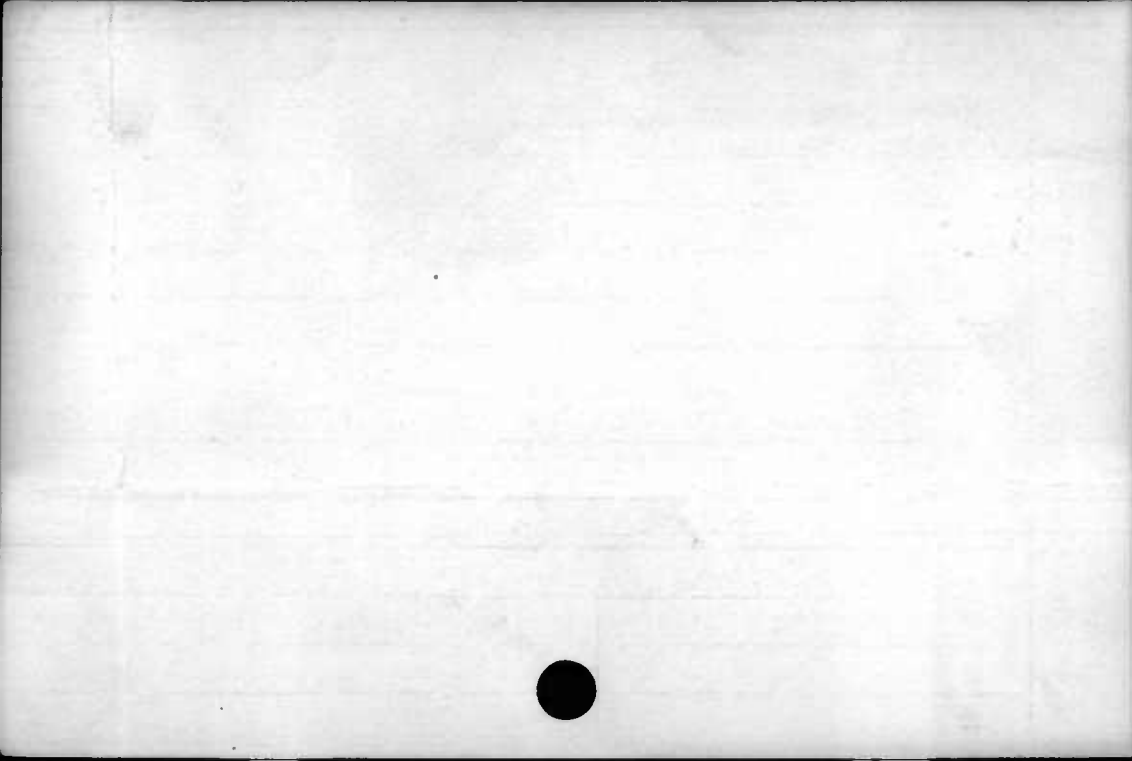
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hickory</u> Town		<u>Stafford</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>March</u>	Day <u>31</u>	Age <u>74</u> Years	Months <u>no</u>	Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Delaware</u>			
Married, Single or Widowed <u>Married</u>		Occupation			
Name of Wife or Husband <u>Elizabeth. Otter</u>					
Father's Name <u>Francis Maguire</u>			Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>Mary Gaviger</u>			Mother's Birthplace <u>Ireland</u>		
Name of person giving information <u>Jas F Maguire</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Chronic Myelitis</u>	How long <u>Several years</u>
Immediate <u>General failure</u>	How long <u>63</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>William J. Archer</u>
<u>Yes</u>	Address <u>Bel Air Md</u>
Accident or Suicide?	



Name in Full

Certificate of Death

Lemuel B. Mathews

Died at

Bush River Hotel

County

Harford

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

3

18

Age

59

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

One

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Brights Dis.

Immediate

Paralysis

How long sick

2 yrs.

Death

~~Accident, Suicide, Homicide~~

Reported by

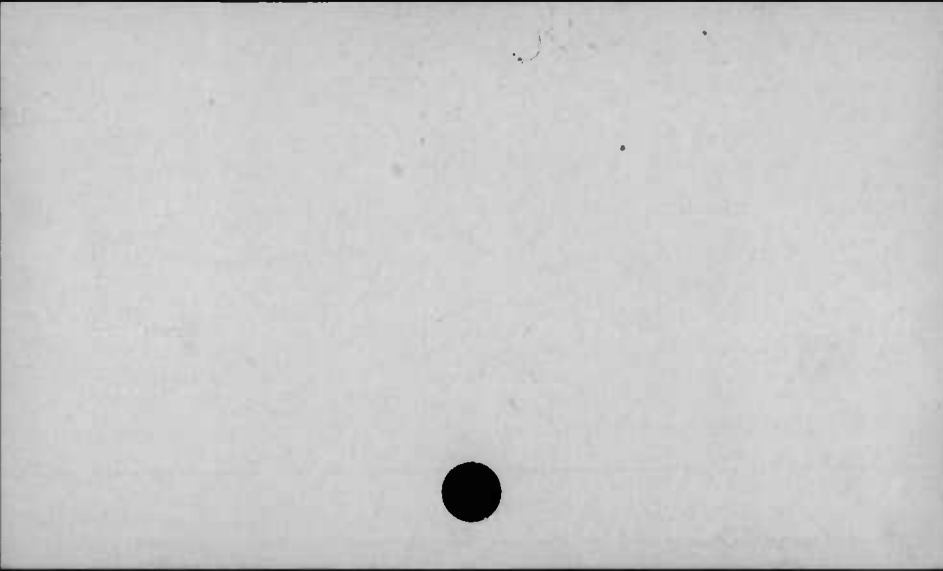
J. F. Otis M.D.

Address

Pryman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Thurmond R. Ray* at *Morgan*  
Town County

Died at <i>Highland</i>		County <i>Stafford</i>		MARYLAND	
Date of death 190	Month <i>March</i>	Day <i>24</i>	Age	Years	Months <i>7</i>
Sex <i>Boy</i>	Color or Race <i>Col.</i>		Birth-place		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>Two days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. W. E. Arthur</i>
	Address
Accident or Suicide? <i>8</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Harriett</i>		County <i>Harford</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>24</i>	Age	Years	Months <i>4</i>	Days	
Sex <i>Female</i>		Color or Race <i>Col</i>		Birth-place <i>Harriett</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name <i>Mary Monk</i>				Mother's Birthplace <i>Eng. man.</i>			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Inde p. shop</i>	How long
Immediate	<i>Malformation heart</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. B. Parker</i>
		Address
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

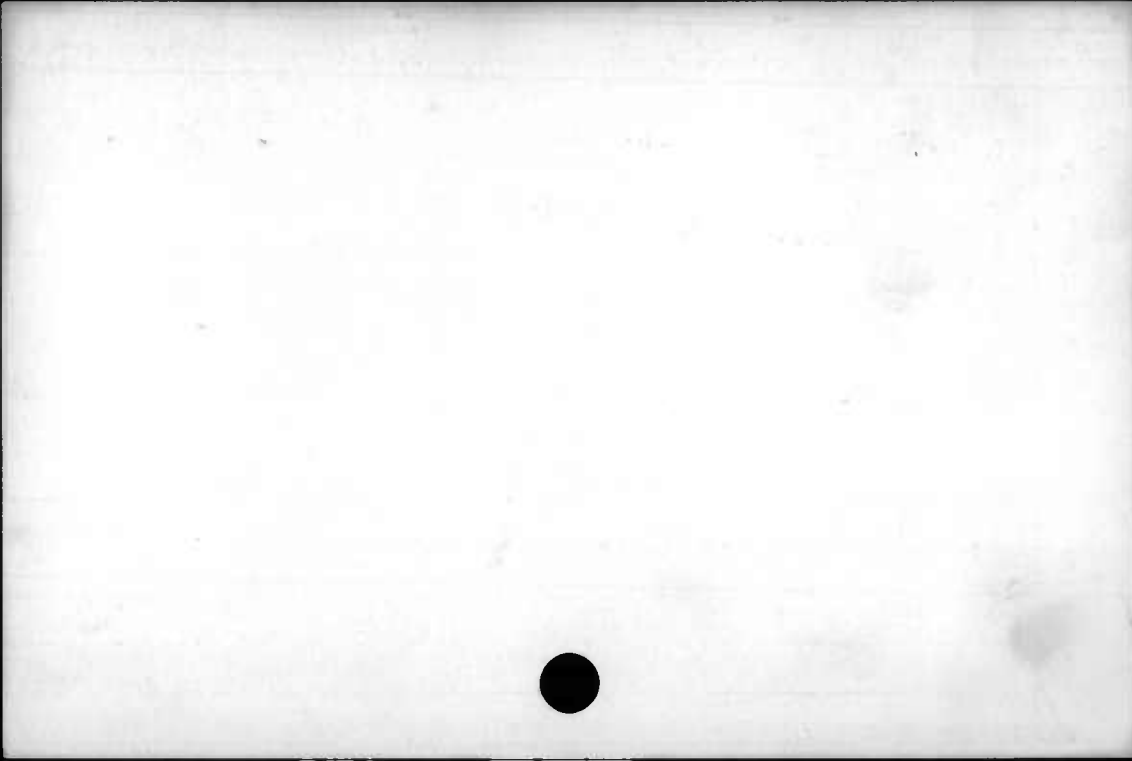
TO BE ANSWERED BY  
NEAREST FRIEND

Town			County			MARYLAND		
Died at			Harford					
Date of death 1903		Month 3	Day 20	Age 33		Months -		Days -
Sex			Color or Race			Birth-place		
Married, Single or Widowed			marrd			Occupation		
Name of Wife or Husband			house wife					
Father's Name			William Murphy			Father's Birthplace		
Mother's Maiden Name			James Thomas			Mother's Birthplace		
Name of person giving information			William Murphy			How related to deceased		
						Husband		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Consumption	How long
Immediate	"	How long
Are the name, age, sex, color, date and place correctly given above?		Yes
Signature of Physician		J. C. B. B. B.
Address		Harford, Md.
Accident or Suicide?		No



Died at *George Osborn* Town *Harford* County *MARYLAND*  
 Date 19*63* Month *3* Day *27* Y. *70* M. *70* D. *70* Native of *Ind* Occupation *Whitright*  
 Male *White* Married *Widow* Divorced *3*  
 Female *Colored* Single *Widower* Number of children living *3*

Husband of *Martha M Osborn*  
 Wife *George Osborn* Father's Name *George Osborn* Mother's Maiden Name *Martha Whitaker*  
 Cause of *Primary* *Heart Disease* How long sick *12 mo*  
 Death *Immediate* — Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Fannie Parrot

## CERTIFICATE OF DEATH

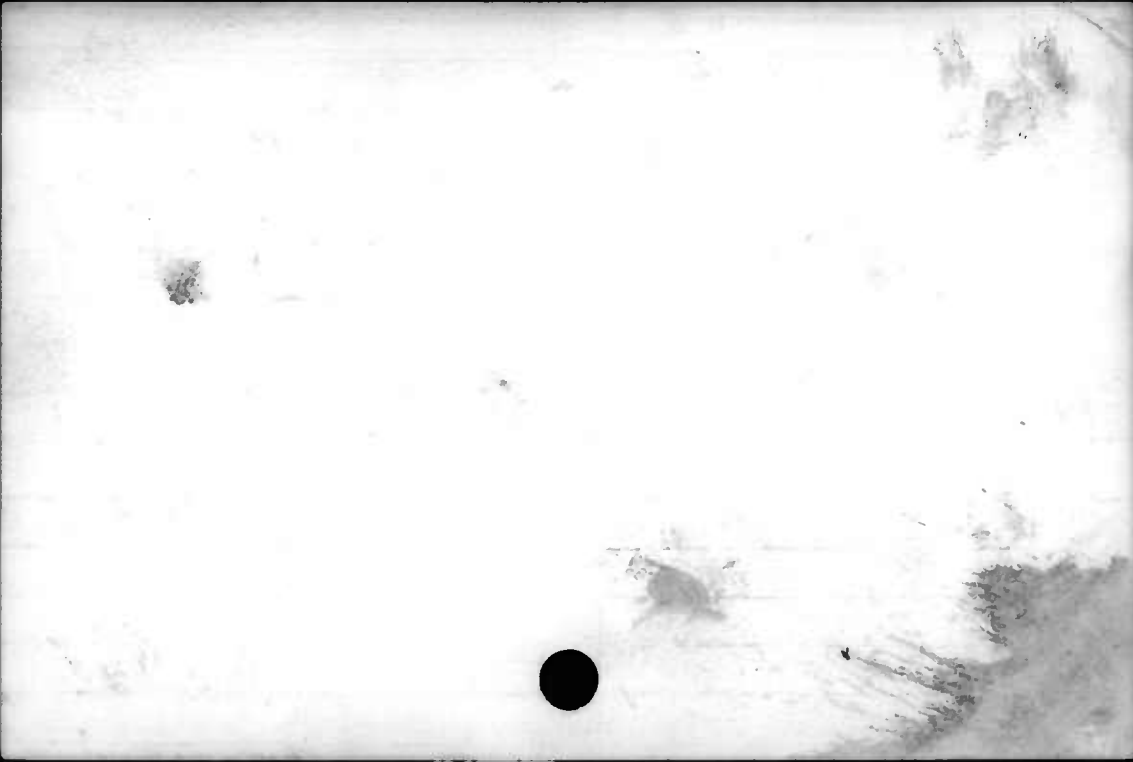
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Churchville</i> <sup>Town</sup>		<i>Spartanburg</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup>	<i>13</i> <sup>Day</sup>	Age <i>11</i> <sup>Years</sup>	<i>11</i> <sup>Months</sup>	<i>13</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Eli Parrot</i>			Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Sarah Parrot</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Wm H Wilson</i>			How related to deceased <i>None</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Measles</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr Callahan</i>
	Address <i>Creswell, Md</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Phillip H. Powers

## CERTIFICATE OF DEATH

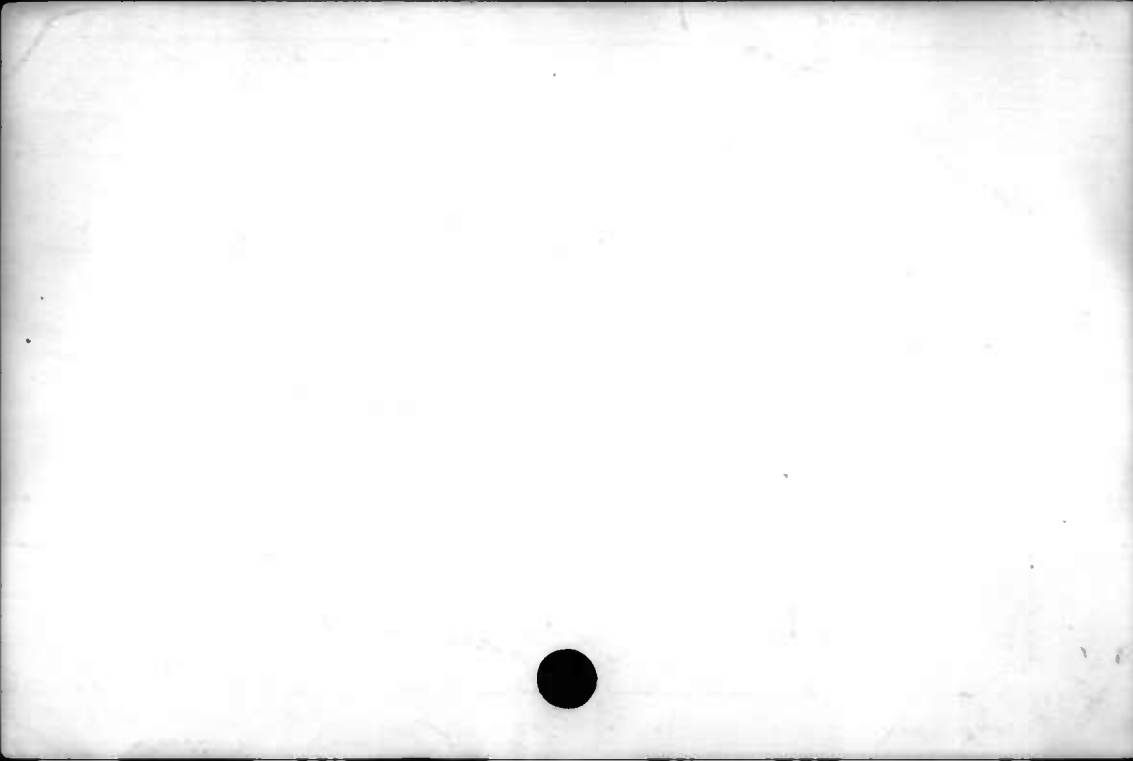
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Creswell		County Harford		MARYLAND	
Date of death 190	3	Month March	7	Day	Age 56	Years	2
Sex	Male		Color or Race	White		Birth- place	Md
Married, Single or Widowed	Married			Occupation			Laborer
Name of Wife or Husband	Mary H. Powers						
Father's Name	John Powers					Father's Birthplace	Md
Mother's Maiden Name	Maria Cook					Mother's Birthplace	Md
Name of person giving In formation	Mary H. Powers					How related to deceased	Wife

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Angina Pectoris	How long	80
Immediate	Exhaustion	How long	One hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. A. Callahan
		Address	Creswell Md
Accident or Suicide?			



Name in Full

Certificate of Death

Cassie Rice

Town

County

Died at

Castleton

Warford

MARYLAND

Date 1903

Month

Day

Mch 27

Age

Y.

M.

D.

2 - 27

Native of

Md

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

Wife

Father's

Name

Wm. E. Rice

Mother's

Maiden Name

Lizzie Wallace

Cause of

Primary

Pneumonia

How long sick

4 wks

Death

~~Immediate~~

93

~~Accident, Suicide, Homicide~~

Reported by

Ephr= Hopkins M D  
Darlington

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70908



Name in Full

Certificate of Death

Town

County

Died at

Near Churchville Harford MARYLAND

1903 Month Day Y. M. D. Native of Occupation  
 Date 189 March 21 Age 31. 11 Harford Laborer  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living 4

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name in Full

Certificate of Death

Samuel Shedwick Scarbough

Town

County

Died at

Scarbough

Harford Co.

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1903

Mar. 4th

Age

67, 11, 12

Ind.

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

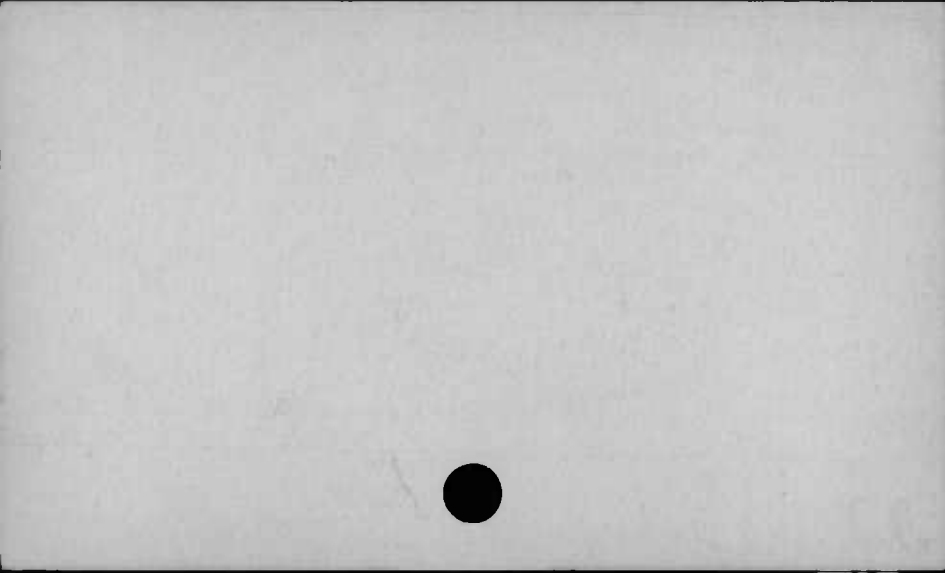
5 months

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in  
Full

Justin Standiford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Water-ale* TownCounty *Harford-*

MARYLAND

Date of death 190 *3* Month *March*

Day

*10th*

Age

Years

*36*

Months

*4*

Days

*✓*

Sex

*male*Color or  
Race*white*Birth-  
place*Harford Co Md*Married, Single  
or Widowed

Occupation

*Artist-*Name of Wife or  
HusbandFather's  
Name*Isaac Standiford*Father's  
Birthplace*Harford Co*Mother's  
Maiden Name*Ellen Williams*Mother's  
Birthplace*Harford Co*Name of person giving  
In formation*W. D. Sollars*How related  
to deceased*Bro. in Law*

## CAUSES OF DEATH

Primary

*Pulmonary Disease 99*

How long

*7 months*

Immediate

*Congestion of the lungs*

How long

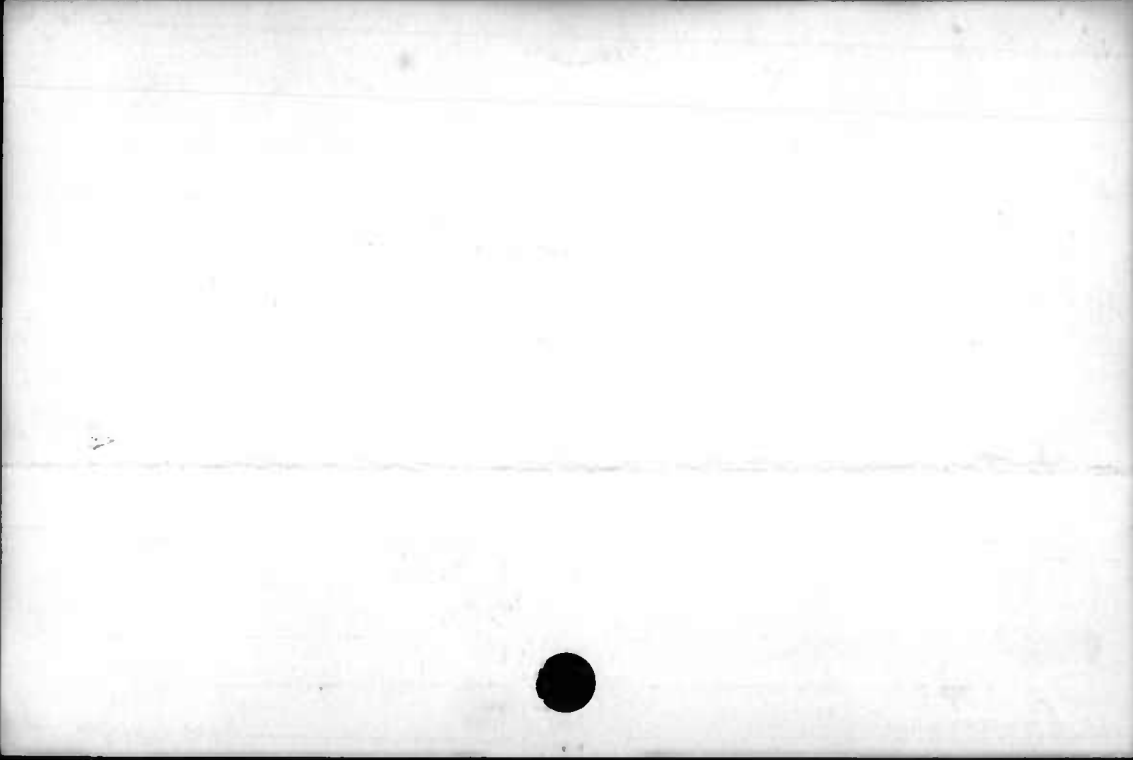
*few weeks*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*Dr. F. H. Gorsuch M.D.*

Address

*Folk Md -**non-contagious*

Accident or Suicide?

PHYSICIAN  
OR CORONER*8*



Name in Full

Certificate of Death

Died at

Date 1903

Male

Female

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Single

Widow

Widower

Divorced

Number of children living

MARYLAND

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898



Name  
in  
Full

George Stiegler

## CERTIFICATE OF DEATH

Town

County

Died ~~at~~ near Benson

Harford

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

3

29

Age

91

5

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Married, Single  
or Widowed

Occupation

Black Smith

Name of Wife or  
~~husband~~

Ellenora Stiegler

Father's  
Name

Andrew Stiegler

Father's  
Birthplace

Germany

Mother's  
Maiden NameMother's  
Birthplace

Germany

Name of person giving  
In formation

Sidney Stiegler

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Atheroma

81

How long

Immediate

Inanition

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Burnell D. Happington

Address

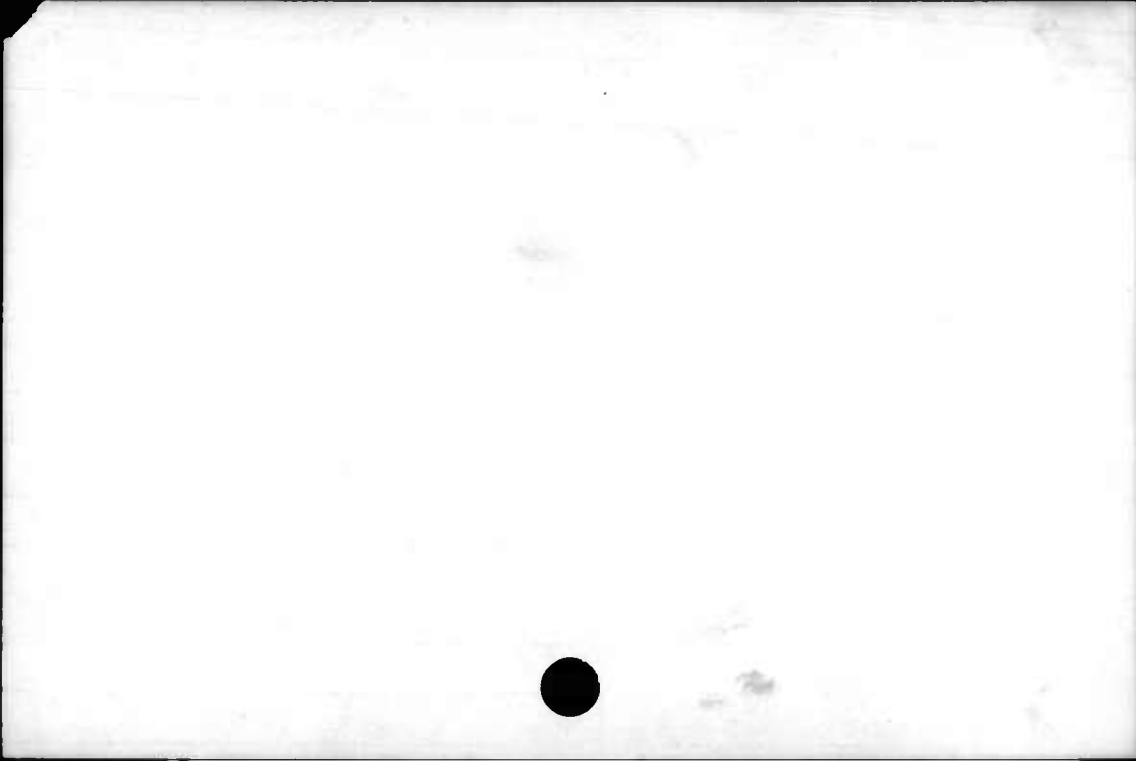
Fallston

Accident or Suicide?

Maryland

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

8





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Emmorton</i>		Town		<i>Harford</i>		County	
Date of death 190 <i>3</i>		Month <i>3</i>		Day <i>12</i>		Age <i>39</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, <del>Single</del> <i>or Widowed</i>				Occupation <i>House wife</i>			
Name of Wife or Husband <i>David L Swartz</i>							
Father's Name <i>Wm Doby</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Caroline Doby</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>David L Swartz</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. A. Callahan</i>
	Address <i>Creswell</i>
	<i>Md</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

Infant -

## CERTIFICATE OF DEATH

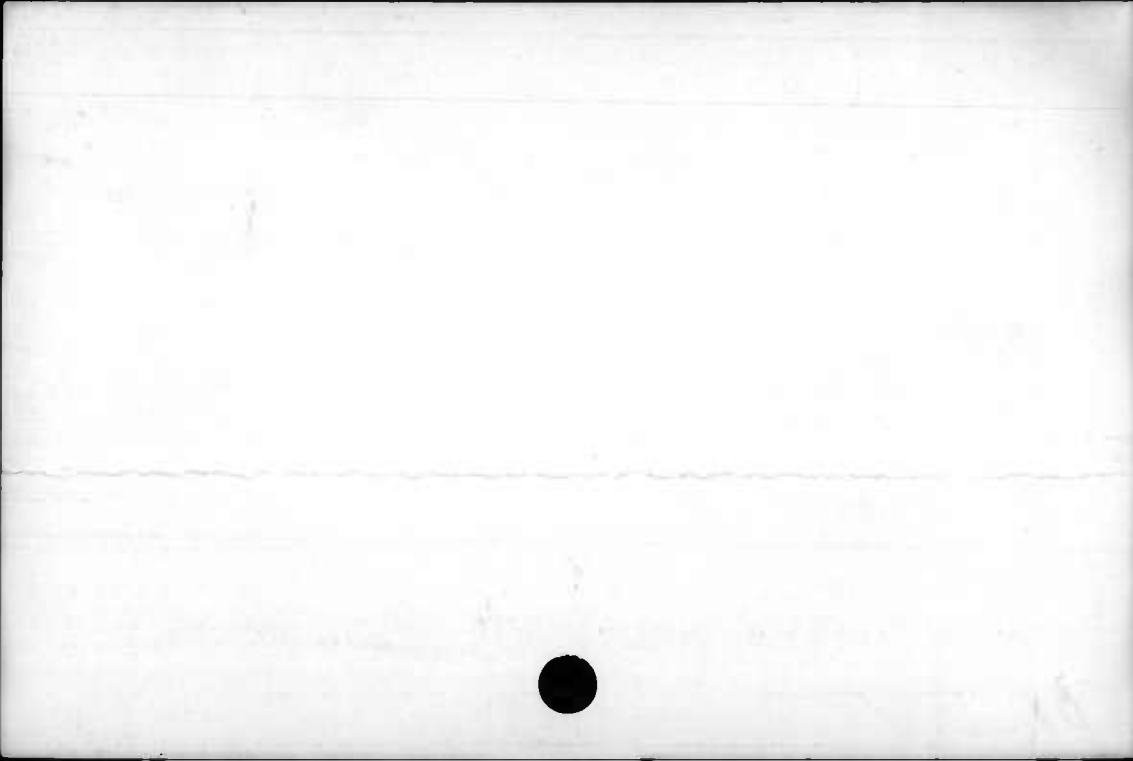
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wilna</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>3</i> <sup>Month</sup>	<i>30</i> <sup>Day</sup>	Age <i>✓</i> <sup>Years</sup>	<i>✓</i> <sup>Months</sup>	<i>14</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Wilna</i>		
Married, Single or Widowed <i>✓</i>			Occupation <i>✓</i>		
Name of Wife or Husband <i>✓</i>					
Father's Name <i>Daniel Taylor</i>			Father's Birthplace <i>Harford Co</i>		
Mother's Maiden Name <i>Etta Duff</i>			Mother's Birthplace <i>Harford Co</i>		
Name of person giving information <i>The Parents</i>			How related to deceased <i>✓</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>In an ition</i>	How long <i>14 days</i>
Immediate <i>as above</i>	How long <i>14</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. V. Gouchon</i>
	Address <i>Fork Md</i>
Accident or Suicide? <i>✓</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Emory Tracy  
Rocks <sup>Town</sup> Harford <sup>County</sup>

MARYLAND

Date

of death 1903

Month

March

Day

12

Age

Years

20

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Married, Single  
or Widowed

Single

Occupation

Farmer

Name of Wife or  
HusbandFather's  
Name

James Monroe Tracy

Father's  
Birthplace

Harford Co

Mother's  
Maiden Name

Lydia Fletcher

Mother's  
Birthplace

Harford Co

Name of person giving  
information

Elmer Coe

How related  
to deceasedBrother in  
law

## CAUSES OF DEATH

Primary

Typhoid Pneumonia

How long

Six days

Immediate

Meningitis

How long

Three days

Are the name, age, sex, color, date  
and place correctly given above?

yes

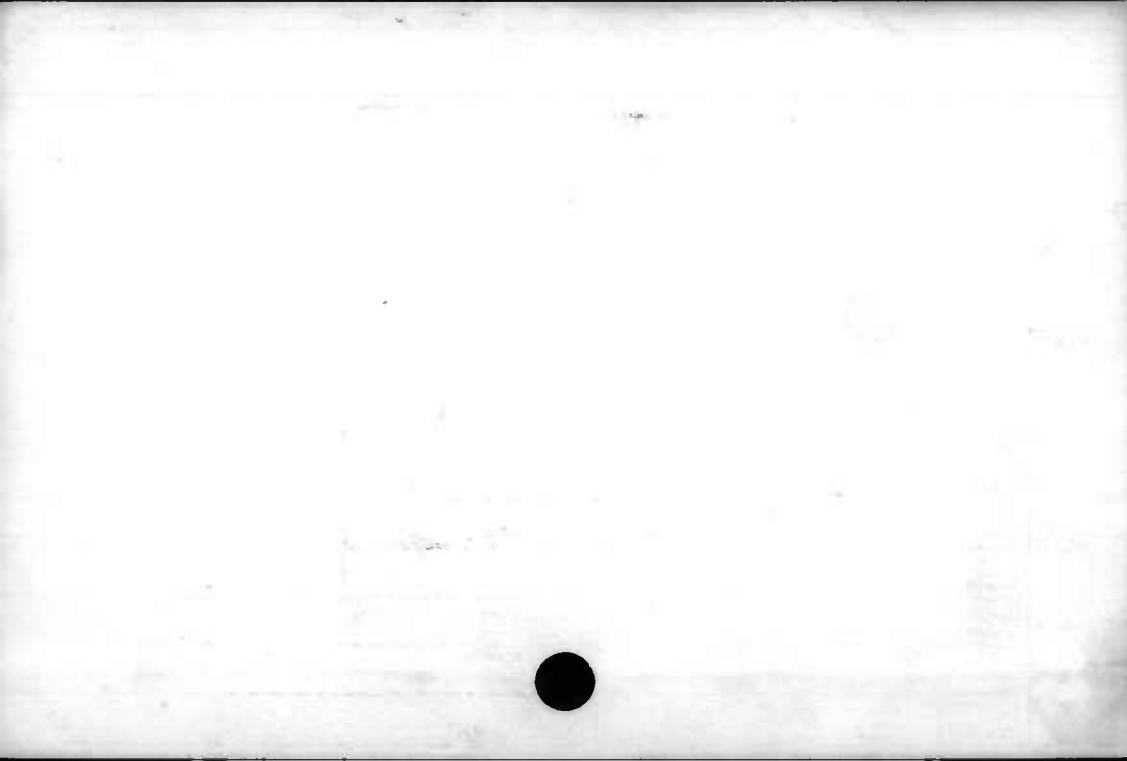
Signature of  
Physician

Address

W. D. Smith M.D.

Janetville Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*James Munroe Tracy*

Died at *Rocks* Town *Harford* County *MARYLAND*

Date of death 1903 Month *March* Day *9<sup>th</sup>* Age *Eighty* Years Months Days

Sex *Male* Color *White* Birth-place *Harford Co*

Married, Single or Widowed *Married* Occupation *Carpenter*

Name of Wife or Husband *Lydie E. Fletcher*

Father's Name *Edmund Tracy* Father's Birthplace *Harford Co*

Mother's Maiden Name *Doris Kuser* Mother's Birthplace *Dorchester*

Name of person giving information *Lydie E. Tracy* How related to deceased *Wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

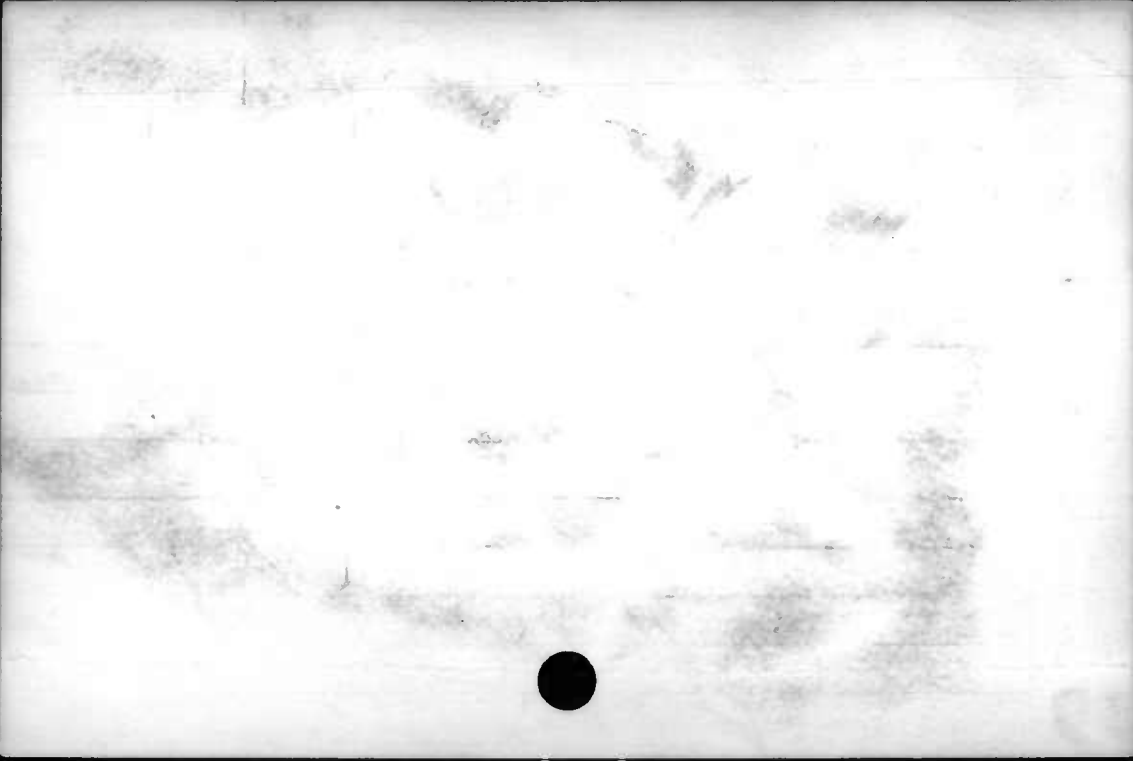
Primary *Chronic Catarrh of Stomach & Bowels* How long *Three years*

Immediate *Prostration* How long *Two weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. Dr. Smith M.D.* Address *Jumellville Md.*

Accident or Suicide? *Acc.*





Name in Full

Certificate of Death

*Jessie Webster*  
 Town *New Benson* County *Harford* MARYLAND

Died *Mar* Month *3* Day *2* Y. *21* M. *21* D. *21* Native of *Michaelsville Md.* Occupation *Cook*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single ~~Widower~~ Number of children living *One*

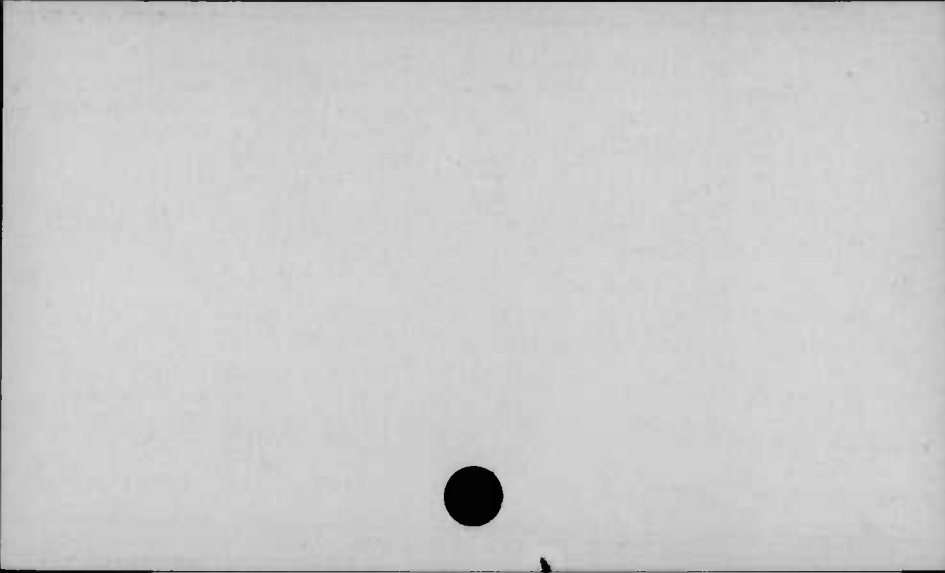
Husband  
 of  
 Wife

Father's Name *James E. Webster* Mother's Maiden Name *Sarah Sims*

Cause of Death { Primary *Abortion* How long sick *One Week*  
 Immediate *Septicaemia* Accident, Suicide, Homicide

Reported by *Cumell F. Sappington*  
 Address *Fallston*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Emmanuel Curtis Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Blumville		County Harford		MARYLAND	
Date of death 1903		Month Mch	Day 17	Age Years 1	Months 3	Days 2	
Sex male		Color of Race Blk		Birth- place Maryland			
Married, Single or Widowed Single				Occupation —			
Name of Wife or Husband —							
Father's Name Richard Williams				Father's Birthplace Maryland			
Mother's Maiden Name Mary Bradford				Mother's Birthplace Maryland			
Name of person giving In formation Richard Williams				How related to deceased father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bowel trouble	How long	one week
Immediate	convulsions	How long	two days
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W B Gilchrist	
		Address Dorchester Md	
Accident or Suicide?			



Name  
in  
Full

Sarah Jane Wright-

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stafford</u> <small>Town</small>		<u>Harpur</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age <u>81</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Harpur Co</u>			
Married, Single or Widowed <u>Widow</u>	Occupation <u>—</u>				
Name of <del>the</del> <u>Wm H Wright</u> Husband					
Father's Name <u>John Sampson</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Betsy Curray</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Wm H Wright -</u>			How related to deceased <u>son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Senile decay</u>	How long <u>154</u>
Immediate <u>Indigestion (acute)</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J L Hopkins</u>
	Address <u>St Anne de Grace</u>
Accident or Suicide? <u>—</u>	

